Nutrition and WIC Services Management Evaluation Tool
Active Client Record Review-Administration

Agency / Clinic: _____ Date of Review: _____

Reviewer(s): _____

Client Name & ID #	DOB	Cat.	Contact Date	Cert. Date	Primary Language	Processing Standards.		Recert timely	Income doc.	Residency proof doc	Client ID proof doc
						Met	If no, reason doc.				
1)											
2)											
3)											
4)											

Client # (above)	Caregiver ID proof doc.	Appropriate referrals doc.	Voter reg. doc. in KWIC	Checks issued at cert	Initial check stubs filed	Self Dec forms completed.	R&R signed & dated	Diet History completed
1)								
2)								
3)								
4)								

H:\Children, Youth & Families\Nutrition & Wic\Policy and Procedure Manual\New PPM policies-word documents\Active Client Record Review-Administration ME tool.doc